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Navy & Marine Corps Medical News (MN-01-09) March 2, 2001

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Stories:

MN010901. Study shows higher military healthcare satisfaction
From DoD Public Affairs

The Department of Defense recently announced the results of a study by the Center for Naval Analyses/Institute for Defense Analyses (CNA/IDA) that points to increased satisfaction with military healthcare, especially since the implementation of TRICARE, the Department of Defense's (DoD's) healthcare program.

"This is what we really expect to see as TRICARE matures," said Dr. J. Jarrett Clinton, acting Assistant Secretary of Defense for Health Affairs. "We have great confidence in our military health personnel and our managed care support contractors, and we believe in their capabilities to successfully implement this program."

"While we have begun to see the fruits of our efforts, we are not complacent. There are many areas where we still need to work to make

TRICARE a health care benefit that more exactly meets the requirements of our readiness mission and exceeds the expectations of the beneficiaries we serve," Clinton added.

The study showed that the most significant increases in beneficiary satisfaction occurred in the areas of access and quality of care, particularly among TRICARE Prime enrollees.

The percentage of all TRICARE Prime enrollees who were satisfied with their access to care when needed in 1998 was 74 percent, compared to 63 percent "pre-TRICARE." The percentage satisfied with the overall quality of care was 82 percent, compared to 73 percent before TRICARE.

The CNA/IDA study is an ongoing, independent evaluation of TRICARE that was congressionally directed. The new results reflect the experiences of beneficiaries in 1998 in TRICARE Regions 3 (Southeast), 4 (Gulf South), 6 (Southwest), 7/8 (Central), 9 (Southern California), 10 (Golden Gate), 11 (Northwest), and 12 (Pacific). Regions with at least one full year under TRICARE by the end of 1998 were included in the review. Region 11 was evaluated for the third time; Regions 3, 4, 6, and 9-12 for the second time; and Region 7/8 for the first time.

Access, quality and costs under TRICARE were compared with estimates of what each would have been under the previous DoD health care benefit.

The new study found that government costs for the TRICARE program were lower than they would have been under the previous healthcare benefit through the period that was reviewed.

The CNA/IDA review determined that out-of-pocket costs were lower for most active duty families, especially those enrolled in TRICARE Prime with a military primary care manager. Costs were higher for TRICARE-eligible retiree families -- averaging between \$236-\$381 more -- under the TRICARE program. Out-of-pocket costs for Medicare-eligible families were only marginally higher under TRICARE because most of these families continue to carry supplemental forms of private insurance. Additionally, the availability of Medicare Plus Choice health maintenance organizations in some regions provides a low-cost alternative to TRICARE.

CNA/IDA's evaluation of data from TMA's Annual 1994-1998 Health Care Surveys of DoD beneficiaries demonstrated that in the regions studied, access to health care generally improved under TRICARE. Beneficiaries enrolled at an MTF tended to report greater levels of satisfaction with access than those enrolled with civilian primary care managers.

TRICARE beneficiaries reported that their use of preventive care generally increased, and their use of emergency rooms decreased. Their satisfaction with access to care when they needed it, their access to emergency and specialty care, and their access to telephone advice, all increased. Their satisfaction with the ease of making appointments increased, and their self-reported wait times for appointments decreased.

CNA/IDA measured TRICARE quality, based on self-reported use of preventive care, against national standards for health-promotion and disease-prevention objectives specified by the U.S. Department of Health and Human Services in Healthy People 2000. Most of these goals were met, or nearly met, under TRICARE. The report indicated the need for continued improvement on the rate at which military personnel use tobacco products.

In the area of claims filing, which is a primary cause of dissatisfaction with a health plan, the CNA/IDA evaluation determined that fewer people have to file claims under TRICARE than under the old system. During the period of the study, TRICARE beneficiaries were found to have to file claims more often and reported more problems per claim filed than those covered under national managed care plans. TRICARE currently receives more than 32 million claims per year, and 96 percent of these are now processed within 30 days. Claims processing delays have plummeted during the past

year as a result of a claims re-engineering initiative, and TRICARE officials anticipate increasing beneficiary satisfaction in this area.

"We are pleased about the continued success of TRICARE," said Clinton. "Standing up the TRICARE program worldwide was a monumental undertaking, but the signs are clear that we are becoming the world-class health care system we set out to be. The CNA/IDA evaluation helps provide a compass to steer our course for the future."

The study is on the Web at www.defenselink.mil/pubs/TRICARE02202001.pdf
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MN010902. Happy Anniversary Medical Corps
From Vice Admiral Richard A. Nelson, MC, USN

The Navy Medical Corps celebrates its 130th anniversary on 3 March. I extend my warmest thanks and congratulations to all the men and women of the Medical Corps for your continued dedication and excellence while serving at home and around the world.

Over the past year, the officers of the medical corps have impressively and consistently supported the Navy and Marine Corps missions. You have deployed with our underway ships and in forward areas supporting joint service, Marine Corps and Navy operations globally. You have provided humanitarian relief and medical assistance in places like Peru, Micronesia, Russia and East Timor. You have assisted in the aftermath of the terrorist attack on USS COLE. You have excelled in graduate medical education, biomedical research, and improved quality and access to clinical care for all our beneficiaries.

As we work to meet the challenges of providing quality healthcare, while simultaneously taking great strides to improve our system, we have not forgotten our foundation -- the providers. I appreciate and value your irreplaceable role in achieving the vision of "superior readiness through excellence in health services."

I applaud your many contributions and accomplishments in clinical, educational, research, operational and administrative roles. I salute you for your dedication and devotion. I have been privileged to serve with you these past 34 years. I know you will move forward with the necessary determination and professionalism to achieve continued success.

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MN010903. NAVHOSP Bremerton sustains minor damage from earthquake
By Judith Robertson, Naval Hospital Bremerton

Naval Hospital Bremerton sustained some structural damage during the 11 a.m. earthquake Feb. 28 that shook much of the Pacific Northwest, but no injuries were reported to staff or patients, according to hospital commanding officer CAPT Christine Hunter.

Non-essential staff, ambulatory patients in the hospital for clinic visits, and some inpatients were evacuated immediately.

Patients, who could be moved safely, but needed follow-on care, were transported to the naval hospital's fleet hospital training site. This tent structure hospital, designed for patient care on the battlefield, became an indispensable aid in emergency patient care and showed little damage.

"Our staff mobilized additional supplies rapidly to make the fleet hospital fully operational and patients were very comfortable with their care throughout the process," Hunter said.

"The tent structure is actually safer than a fixed facility," said

Senior Chief Hospital Corpsman Yen Dubarek, command master chief of the fleet hospital, "We had no damage out there, it just sways."

Fifteen patients were cared for in the tent hospital. Eighteen patients who were on the in-patient and obstetrics wards and the Intensive Care Unit were not moved.

"All essential support systems were functioning and we did not want to move them unnecessarily. Reports were indicating that there was little likelihood of further after shocks, so we assumed that responsibility," CAPT Dan Snyder, hospital executive officer said. "Once the final structural assessment is completed we will know if we need to transfer those patients."

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MN010904. Observance of Women's History Month 2001

By Lynette S. Williams, Chief of Naval Personnel Public Affairs

Courage and vision are essential to succeed in life, and serving as a woman in the United States Navy is no exception.

"Celebrating women of courage and vision," this year's theme for Women's History Month, reflects the traits of countless women throughout history who have made significant contributions within their fields and to the nation.

As announced in NAVADMIN 039/01, March 2001 marks the 14th annual observance of Women's History Month, which provides an opportunity to celebrate the role of women in the Navy and recognized their significant contributions.

Women have had integral roles in the Navy since the start of the Nurse Corps in 1908. In 1917, women were authorized to enlist in the Navy. During World War I, 12,000 women served, during World War II, 81,000 served as WAVES (women accepted for voluntary emergency service) and during the Korean War, 9,000 women served our country. Today there are 54,142 women, 14.2% of the force, serving on active duty in the Navy.

CAPT Sarah McCullom, Special Assistant for Women's Policy to the Chief of Naval Personnel, said the role of women in the Navy continues to increase and change due to the continued courage and vision of women who serve.

"The role of women in the Navy is ever-changing, and to be a part of that change is both rewarding and exciting," said McCullom.

VADM Norb R. Ryan, Jr., Chief of Naval Personnel, recognizes the dedication and hard work of the women in today's Navy.

"In my travels around the world, I see women serving in every capacity, from seaman recruit to admiral. With hard work, dedication, courage and vision, the opportunities are limitless," Ryan said.

During the month of March, Navy-wide participation in the observance of Women's History Month is strongly encouraged.

"It's a perfect time to honor our past and embrace our future as we acknowledge women in the Navy whose contributions have upheld the Navy's highest standard of excellence," added McCullom.

All Navy activities are encouraged to sponsor local programs and exhibits, publish items of interest in command bulletins, and solicit individual participation in appropriate observances of Women's History Month.

For additional information regarding Women's History Month, contact the Office of the Special Assistant for Women's Policy (PERS-OOW) at (703) 695-9232/DSN 225 or the National Women's History Project, 7738 Bell Road, Windsor, Calif., 95492, (707) 838-6000 or visit their website at www.nwhp.org.

Additional facts on women in the Navy and women in the military can be found at www.chinfo.navy.mil/navpalib/people/women/wintop.html, and

www.wrei.org.

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MN010905. Portsmouth takes healthcare to deckplates

By NMCP Public Affairs Staff

Sailors and Marines stationed aboard Norfolk-based ships are having easier access to preventive care, health screenings and wellness information thanks to a new program that brings healthcare to the deckplates.

With a health fair aboard the USS DWIGHT D. EISENHOWER (CVN 69) and a pier side clinic for the USS PETERSON (DD 969), Naval Medical Center Portsmouth kicked off its latest effort to better support the fleet. Health fairs, like the one held aboard the Ike, deliver information on self-care, wellness and injury prevention through speakers, educational material and displays. In addition, TRICARE benefit advisors, Navy Family Service representatives, and Drug and Alcohol Prevention counselors are on hand to answer questions.

"The health fair is a good way to show we care for our troops. I think it's been really informative," said BM1 Kelli Ingram, one of the nearly 1,000 Ike Sailors who attended the fair. Some of the topics on demand were tobacco cessation, weight management as well as cholesterol and blood pressure screenings.

Health fairs provide an excellent educational opportunity for our population said CAPT Peter Garms, NMCP Director for Community Health Services.

"We want to create awareness on healthcare issues such as nutrition, blood pressure and cholesterol levels. These are all things that we should be monitoring, but tend to ignore. It helps bring them into sharp focus when you attend to something like this," he said.

In today's society the health problems affecting longevity are chronic illnesses like heart disease, cancer and stroke. Research has shown that factors that promote these illnesses are strongly related to individual's behavior, lifestyle and environmental influences.

"The Health Promotion Department at NMCP is dedicated to increase knowledge and understanding about each individual's role in their own health," said CDR Leanne York-Slagle, NMCP Health Promotion Department Head. "Each person can do much more than any physician in maintaining his own health and well-being."

NMCP's endeavor to assist fleet medical readiness also involves increasing access to appointments by bringing the Medical Education Clinic Unit (MECU) van pierside. The MECU is a two-exam room mobile clinic staffed with a one doctor, one nurse and a hospital corpsman. Physical exams, pap smears and PRT screenings are the most common types of consults at the MECU.

"The MECU is an outstanding way to increase healthcare access for all Sailors. We want to make it a lot easier for individuals to get appointments while also saving man-hours in commuting time," York-Slagle said. "Sailors just have to walk 100 feet off the brow for their medical appointment," she emphasized.

USS PETERSON Sailors were taking full advantage of having a doctor off the brow. "It's great because you don't have to make a bunch of calls and wait to be checked just for something simple," said OS2 Missy Belcher.

This program is part of "Putting Prevention into Practice," a national campaign that focuses in improving population health and the delivery of clinical preventive services. For more information about shipboard Health Fairs and the MECU pierside, call 314-6014/6015, NMCP Health Promotion Department.

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MN010906. Headache relief - when to see your doctor

By LCDR Juan Rivera, USNH Yokosuka Japan

More than 28 million Americans suffer from migraines. Too many people are self-medicating and suffering needlessly. As such, the Neurology Department at U.S. Naval Hospital Yokosuka is offering monthly headache classes.

Classes will be held on the third Tuesday of each month at the hospital. They will consist of questionnaire evaluation, information on how to keep a headache journal, recommendations for non-prescription treatments and additional recommendations you can take back to your doctor for consideration. Additionally, the hospital neurologist will be available for brief questions in regards to headaches and treatment options.

There are several steps you can take to get relief from your headache.

First, inform your physician that you suffer from headaches. A simple questionnaire can often identify the type of headache you have as well as non-prescription recommendations that may lead to relief.

Certain serious symptoms that may be associated with headaches can be evaluated quickly to determine if further specialty evaluation or imaging studies are necessary.

Finally, take control of your headache management. A headache journal can often assist in determining the best treatment for a specific type of headache as well as how well it responds to medications.

When to see a doctor about your headache:

- Your headache persists even after treating yourself with over-the-counter remedies.
- The headache comes on suddenly, without warning.
- You experience a type of headache you've never had before.
- You have fever or a stiff neck, as well as headache.
- You have other physical changes (in walking, vision, weakness, or other neurological symptoms) along with the headache.
- Your headaches get worse in frequency, duration, or severity.
- You suffer continued headache after an accident or head injury.
- You have constant headaches.
- You're disabled in any way by your headaches.

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MN010907. Break out the fins: Time to review deep-sea diving rules

By Rod Duren, Naval Hospital Pensacola

It's just about time to awaken from "our long winter's nap." The hibernation period will soon give way to warmth and greenery. There will be challenges anew -- restoration of youths long past -- and of youths growing toward adulthood. Ah, Spring!

Hope may spring eternal in the mind of many, but in the realm of deep-sea diving, "hope" is not among the list of rules you'll need to know to complete a successful dive.

As springtime approaches, it's time to review the rules, especially if you plan to take the plunge.

CDR James Caruso from Naval Hospital Pensacola is among the Navy's

leading experts on dive medicine. He's also one of the most "quoted" Navy pathologists in the country due primarily to his association with the "Diver's Alert Network," a Duke University database that he maintains, as an adjunct professor, on all recreational diving deaths in the United States.

Dr. Caruso has seen almost everything you can imagine, from a makeshift salvage dive in which participants used a crankshaft for an anchor to cave-diving accidents along the Atlantic and Gulf coasts.

Diving, especially Navy diving, has been earning a great deal of interest since the release of last fall's "Men of Honor" motion picture. Other reasons for the attraction along the Gulf Coast are that:

- Recreational diving is a booming business from Key West, Fla., to Corpus Christi, Texas, and that
- The Naval Diving and Salvage Training Center, located in Panama City, Fla., serves as the center of U.S. Navy Diving.

Diving is great, said Caruso, and can be great fun if you follow some simple, and safe, guidelines.

It's a very big plus to be physically fit and in good health if you take up recreational diving and use good judgment, Caruso continues.

"Cardiac disease is a factor in 15 to 25 percent of all recreational diving deaths and another large percentage comes from poor judgment. About 90 recreational divers are killed each year," he said.

Simple, safe diving rules include:

- Dive with a buddy
- Never run low on oxygen
- Don't go in caves without proper training and equipment

"We average seeing two or three decompression sickness patients each month at the naval hospital," Caruso continues.

That's one of those 'bubble-related traumas' of diving. Air embolisms and nitrogen narcosis are the others.

Air embolisms are the more significant cause of death and injury. It's caused from ascending too fast without exhaling properly.

Nitrogen narcosis has an anesthetic-like affect on a diver below 100 feet. Nitrogen will begin to affect your judgment - one can equate the impairment it causes to drinking too much alcohol.

Despite the obvious fascination with recreational diving deaths, the Navy pathologist points to the safety record of Navy divers. "The Navy's annual fatality rate among divers is less than one per year," he said.

"The reason for that rate being low is training, equipment and following safety measures on each and every dive," Caruso said. "There are always two [divers] in the water together. There's always a safety diver on the boat, and lines tethered [between the diver and boat]. We follow procedures and tables that indicate staying down at specific depths, and all divers are medically screened," he said.

Caruso, a board-certified pathologist, a hyperbaric medicine physician and a Navy diver, has served as a medical officer with Explosive Ordinance Detachment Mobile Unit 9 which was based out of Mare Island, Calif. He also served as ship's doctor aboard USS TRENTON (LPD-14) during the Persian Gulf War and the evacuation of American Embassy personnel in Somalia.

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